**Southwest Alabama Mental Health Consortium**
**Rural Health Care Pilot Program**
**Quarterly Report**
**July 30, 2011**

## 1. Project Contact and Coordination Information

### a. Project Leader and respective business affiliations.

i. Project Leader: Candace Harden, Executive Director, Southwest Alabama Behavioral Health Care Systems

### b. Address, phone, fax, e-mail responsible administrative official.

i. P.O. Box 964, Monroeville, Alabama 36461
ii. Phone 251-575-4203
iii. Fax 251-575-9459
iv. Candace@swamh.com

### c. Legally and financially responsible organization.

i. Southwest Foundation for Mental Health and Mental Retardation ("Foundation")

### d. Project Coordination

i. The project is coordinated by the project leader as identified in 1.a.i. with the assistance of the project consultants Dynamic Strategies, LLC who assist with RHCP Pilot Program submittals. All participating Community Mental Health and Health Care Centers have signed a letter of agency authorizing Candace Harden as Project Leader to act on their behalf before the Federal Communications Commission in matters related to the Rural Health Care Pilot Program. All participants are informed of all matters related to the pilot program requirements and have provided detailed information regarding their site eligibility as well as information for preparing the RFP.

The participating health care facility directors met October 15, 2008 to review the requirements of the pilot program including quarterly progress reporting, coordinating and implementing telemedicine goals and objectives, budgeting and payment of approved services, working with service providers upon approval of bid and periodic progress reporting to participating agency Board of Directors. Other discussion included a review of the RFP process and evaluation of bid proposals. A schedule of quarterly meetings was developed to discuss and document progress toward goals and objectives. The group will meet the second Wednesday of the last month of the quarterly reporting period.

The health care facility directors met for a second quarterly meeting January 14, 2009. During the second reporting period, it was determined that the Charles Henderson Child Health Center is not an eligible site according to FCC rules for the Pilot Program and will not participate in the Pilot funding. The partners agreed that the costs associated with Pilot project will be expensed equally among the four remaining partners. Other discussion included developing a contract between the lead agency and each of the three partners. In addition a reporting process was discussed for reporting how the network has

been utilized to achieve the goals and objectives outlined in the Pilot application. The report format has been sent to each of the agencies for review and comment.

The third quarterly meeting of the members was held on April 8, 2009. Current project status of both the USDA RUS grant and the FCC Pilot Funding was discussed. Each of the members was awarded $10,000 from the Department of Mental Health for a portion of the matching requirements for the RUS Telemedicine grant. The purchase order for the telemedicine equipment will be issued May 1, 2009. Ms. Kathy Johnson, Governor's Director of Alabama Broadband Initiative and Ms. Bea Forniss, Director of the Governor's Resources for Economic Assistance Programs were present to discuss possible sources of state and or other grant monies available to assist with the FCC match requirements. Member Director's are each reviewing and following-up on the suggestions and sources offered for obtaining match dollars. The next member meeting is scheduled for July 1, 2009.

The July 1, 2009 quarterly meeting was cancelled as outstanding issues with site eligibility were still in question.

During this quarter the consortium filed an appeal with the FCC for eligibility for the Southwest Administrative Site. The appealed was forwarded September 29, 2009. To date a response has not been received.

The consortium members met October 14, 2009 in a regularly scheduled quarterly meeting to review bids received. Decisions regarding the bid proposal have not been finalized as of this date.

During the quarter ending January 30, 2010, the consortium members reviewed and evaluated the (1) one bid received for the project. The consortium members found the bid received to be acceptable as evaluated on the basis of price, technical solution, prior experience, implementation and transition plan, personnel qualifications and management capabilities. The bid evaluation is on file with the consortium. The consortium members and the vendor did agree to a change in the terms of the service period to 36 months with two option years. The contract was fully executed December 31, 2009. A follow-up "kickoff" meeting is scheduled with the vendors February 2, 2010.

During the quarter ending April 30, 2010, the Form 466A package was submitted and accepted. A complete Sustainability Plan has also been completed with detailed budgets for each agency showing sustainability of the network. With this quarterly report we expect to receive the FCL letter within approximately two weeks for construction of the network to begin immediately upon receipt.

During the quarter ending July 30, 2010, the FCL letter was received from USAC May 20, 2010. The letter of initiation and Form 467 were posted June 21, 2010. Construction of the network started during this reporting period.

During the quarter ending October 30, 2010, construction of the network was completed and operational at all sites August 15, 2010.

During the quarter ending January 30, 2011, the network is fully operational at all sites, invoicing for the project has begun and USAC has approved payments to the vendor.

During the quarter ending April 30, 2011, telemedicine and other videoconferencing activities have increased substantially (see attachment 1) as well as use in development of each agencies electronic health record. In addition each of the agencies is preparing to utilize the network to support electronic prescription processing and medication tracking.

As of July 30, 2011 activities utilizing the network continue to increase in each of the agencies (detailed list of activities attached). Southwest is as of this quarter using the network for e-prescribing and further implementation of the agencies electronic health record continues. In addition each of the agencies has signed agreements with a vendor for the purchase of the VoIP telephone equipment.

2. **Identify all health care facilities included in the network.**

   a. **Provide address (including county), zip code, Rural Urban Commuting Area (RUCA) code (including primary and secondary), six-digit census tract, and phone number for each health care facility participating in the network.**
   The Community Mental Health and Community Health Centers participating in this project are:

   - West Alabama Mental Health Board
   - East Central Mental Health & Mental Retardation Board, Inc.
   - Southwest Alabama Mental Health/Mental Retardation Board, Inc.
   - South Central Alabama Mental Health Board, Inc.

As of January 14, 2009, Charles Henderson Child Health Center will not participate in the Pilot Funding.

**b.** The table below identifies the information required for each facility in the network. Site ID # 2-4, construction is complete on this facility and the new name of the facility is WAMH Lloyd, Matthews-Watkins Life Skills Center. The table below has been updated to reflect all eligible facilities as approved by USAC.

| Site ID # | Name | Address | County | RUCA, primary and, secondary code & census tract POP 2000 | Rural Urban Class | Phone Number | Participant Type | Eligibility |
|---|---|---|---|---|---|---|---|---|
| 1-1 **Primary Site** Southwest Alabama | Southwest Alabama Mental Health (SWAMH) Administration Office | 328 W. Claiborne St. Monroeville, AL 36461 | Monroe | 7,7.0,6959 | Rural | 251-575-4203 | Public Non-profit | Eligible |
| 1-2 | SWAMH Monroe Outpatient Satellite Office | 530 Hornady Dr. Monroeville, Al 36461 | Monroe | 7,7.0,3607 | Rural | 251-575-4837 | Public Non-profit | Eligible |
| 1-3 | SWAMH Escambia Outpatient Satellite Office | 1321 McMillan Ave. Brewton, Al 36426 | Escambia | 7,7.0,4516 | Rural | 251-867-3242 | Public Non-profit | Eligible |
| 1-5 | SWAMH Clarke Satellite MI Day Program | 300 Carter Dr. Grove Hill, Al 36451 | Clarke | 10,10.6,6076 | Rural | 251-275-4135 | Public Non-profit | Eligible |
| 1-6 | SWAMH Clarke Outpatient Satellite | 129 Clarke St. Grove Hill, Al 36451 | Clarke | 10,10.6,6076 | Rural | 251-275-4165 | Public Non-profit | Eligible |
| 1-7 | SWAMH Conecuh Outpatient Satellite | 416 Magnolia Ave. Evergreen, Al 36401 | Conecuh | 10,10.0,4925 | Rural | 251-575-4545 | Public Non-profit | Eligible |
| 1-10 | SWAMH Monroe Satellite MI & MR Day Progr | 845 Agriculture Dr. Monroeville, Al 36461 | Monroe | 7,7.0,6959 | Rural | 251-743-3820 | Public Non-Profit | Eligible |
| 2-1 **Primary Site** West Alabama | West Alabama Mental Health (WAMHB) Hale Satellite | 401 First St. Greensboro, Al 36744 | Hale | 7,7.3,5792 | Rural | 334-624-4520 | Public Non-Profit | Eligible |
| 2-2 | WAMHB Marengo Satellite | 1215 S. Walnut Ave Demopolis, Al 36732 | Marengo | 7,7.0,4693 | Rural | 334-289-2600 | Public Non-Profit | Eligible |
| 2-3 | WAMHB Marengo Satellite | 1300-A Old Springhill Rd. Demopolis, Al 36732 | Marengo | 7,7.0,5491 | Rural | 334-289-3277 | Public Non-Profit | Eligible |
| 2-4 | WAMHB Lloyd, Matthews-Watkins Life Skills Center | 1401 Hwy 80 E. Demopolis, Al 36732 | Marengo | 7,7.0,9829 (2006 Census Tract) | Rural | | Public Non-Profit | Eligible |
| 2-5 | WAMHB Choctaw Satellite Office | 401 Rogers St. Butler, Al 36904 Choctaw | Choctaw | 10,10.0,5188 | Rural | 205-549-2612 | Public Non-Profit | Eligible |
| 3-1 **Primary Site** East Central | East Central Mental Health (ECMHMR) Admin/Outpatient | 200 Cherry St. Troy, Al | Pike | 4,4.0,6287 | Rural | 334-566-6022 | Public Non-Profit | Eligible |
| 3-2 | ECMHMR Pike Child Outpatient Satellite | 1300 US Hwy 231, Troy, Al 36081 | Pike | 4,4.0,6287 | Rural | 334-808-2874 | Public Non-Profit | Eligible |
| 3-3 | ECMHMR Pike Satellite MR Day | 668 N Hwy 231, Business District Brundidge, Al 36010 | Pike | 5,5.0,4414 | Rural | 334-735-5056 | Public Non-Profit | Eligible |
| 3-4 | ECMHMR Bullock | 202 Abercrombie | Bullock | 7,7.0,7170 | Rural | 334-738-5279 | Public | Eligible |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Outpatient Satellite | St. Union Springs, Al 36089 | | | | | Non-Profit | |
| 3-5 | ECMHMR Bullock Satellite Spring Manor | 209 Abercrombie St. Union Springs, Al 36089 | Bullock | 7,7.0,7170 | Rural | 334-738-3970 | Public Non-Profit | Eligible |
| 3-6 | ECMHMR Macon Outpatient Satellite | 103 East Oak St. Tuskegee, Al 36083 | Macon | 4,4.2,2235 | Rural | 334-727-7001 | Public Non-Profit | Eligible |
| 4-1 **Primary Site** South Central | South Central Mental Health Board (SCAMHB) Outpatient /Admin | 19815 Bay Branch Rd. Andalusia, Al 36420 | Covington | Track/RUCA Not available | Rural | 334-222-2525 | Public Non-Profit | Eligible |
| 4-2 | SCAMHB Covington Satellite Office MI/MR/SA | 205 Academy Dr. Andalusia, Al 36420 | Covington | 7,7.0,4005 | Rural | 334-222-8411 334-427-1832 | Public Non-Profit | Not Eligible |
| 4-3 | SCAMHB Crenshaw Outpatient Satellite Office | 587 Bentley Dr. Luverne, Al 36049 | Crenshaw | 10,10.0,3434 | Rural | 334-335-5201 | Public Non-Profit | Eligible |
| 4-4 | SCAMHB Butler Outpatient Satellite Office | 185 Industrial Parkway Greenville, Al 36037 | Butler | 10,10.0,1928 | Rural | 334-382-2018 | Public Non-Profit | Eligible |
| 4-5 | SCAMHB Butler Satellite MR Day | 600 Hardscramble Rd. Greenville, Al 36037 | Butler | 10,10.6,2330 | Rural | 334-382-2353 | Public Non-Profit | Eligible |
| 4-6 | SCAMHB Coffee Outpatient Satellite Office | 2681 Neal Metcalf Rd Enterprise, Al 36330 | Coffee | 4,4.2,5556 | Urban | 334-347-0212 | Public Non-Profit | Eligible |
| 4-7 | SCAMHB Coffee Satellite Office MR Day | 801 Aviation Blvd Enterprise, Al 36330 | Coffee | 4,4.2,2219 | Urban | 334-393-1732 | Public Non-Profit | Eligible |
| | | | | | | | | |

## 3. Network Narrative

### a. Brief description of the backbone network of the dedicated health care network, *e.g.*, MPLS network, carrier-provided VPN, a SONET ring;

Information Transport Solutions, Inc. is providing a Leased Fiber Optic Network, connecting 24 Eligible and 1 Ineligible location for SWFMH. This Fiber Optic Network will interconnect fiber optic facilities belonging to multiple Independent Telcos (4) and CATV Service Providers (6) throughout the 16 Alabama Counties served, as well as transport through their existing facilities in South and Central Alabama. The result of interconnecting these facilities is a robust fiber network, capable of providing reliable high-speed data transport. There are redundant fiber rings in portions of the network presently and additional redundancy will be available in near future with construction of fiber for other projects. The interconnected fiber network provides 10Gbps and 1Gbps speeds across the WAN but is provisioned through VPN and Demarcation Interface restrictions to provide the managed, secure services contracted. Currently, fiber optic network build out is complete, Information Transport Solutions, Inc.'s Premise Demarcation is installed at all locations, and connectivity to all locations verified

**b. Explanation of how health care provider sites will connect to (or access) the network, including the access technologies/services and transmission speed;**
Information Transport Solutions has installed last mile fiber into each SWFMH location and provided a Cisco Router at each SWFMH location which provides Layer 3 Managed Ethernet Services. These Routers have an interface capable of the contracted speeds of 100Mbps at 4 locations, and 10Mbps at remaining 22 locations. These routers have the capacity to upgrade connectivity speeds to 1Gbps at any of the locations. These Routers are managed though the network by Information Transport Solutions, Inc's 24/7 Network Operations Center in Wetumpka, AL.

**c. Explanation of how and where the network will connect to a national backbone like Internet 2;**
The network will not connect to Internet2.

**d. Number of miles of fiber construction, and whether the fiber is buried or aerial;**

An estimated 58 miles of fiber will required to interconnect the backbone and to build out last mile facilities to the 26 SWFMH locations. Depending on permits, the anticipated aerial build will be approximately 52 miles, with the remaining 6 miles buried. No major deviations from plans or expectations provided in the last quarterly report.

**e. Special systems or services for network management or maintenance (if applicable) and where such systems reside or are based.**

ITS NOC is located in Wetumpka, AL. and is staffed with 8 personnel supporting all facets of solutions provided by ITS. The NOC monitors, maintains and provides proactive maintenance for customers throughout the state of Alabama. Communication with our Layer 2 service providers are handled there as well. The main monitoring and reporting system is Level Platforms. Backup for monitoring and alerting is Cisco Works LMS system for all SNMP capable devices. Level Platforms is also setup offsite to maintain monitoring capabilities in case a disaster happens at their main office. Level Platforms software is used to monitor and maintain all devices and provide alerts to NOC personnel for all problems. This software is used to provide preventive maintenance and resolve problems before they become major problems. NOC fields all trouble calls from customer's problems. NOC maintains or provides standard reports to customer on network health, Server Health, open tickets, closed tickets and utilization on a scheduled basis. Redundant ISP feeds for Internet access from their office as well. These two redundant feeds are through two separate Service providers. Telecommunication redundancy is done by route patterns routing telecommunication out of their remote office in case of failure. ITS will be able to monitor SWFMH facilities through on-net capability as well. Information Transport Solutions, Inc. has offices in Wetumpka and Mobile, and technicians located throughout Alabama available for dispatch. Dispatch for network issues will be handled from the NOC.

**4. List of Connected Health Care Providers**

**See 2b.**

**5. Non-Recurring and Recurring Costs**

| | | |
|---|---|---|
| May eligible recurring | $6602.57 | 15% |
| May ineligible recurring | $2009.90 | 15% |
| June eligible recurring | $6602.57 | 15% |
| June ineligible recurring | $2009.90 | 15% |
| July eligible recurring | $6602.57 | 15% |
| July ineligible recurring | $2009.90 | 15% |

**6. Cost Apportionment and Source of Funds**

The Foundation and its members intend to apportion the costs on a site by site basis. Each member will pay their 15% contribution based on the cost of each of the sites operated by the member. Contributions by each member will be from State of Alabama contracted professional services funds; private insurance reimbursements; contributions from city and county government; and Medicare/Medicaid reimbursements as determined by each member.

**7. Identify any Technical or Non-technical Requirements for Ineligible Entities**

None identified

**8. Provide an Update on the Project Management Plan**

As of this date no changes have occurred to the current leadership, management structure or project plan as developed to date. A detailed project plan has been developed by the service provider in conjunction with the project participants.

**a. Project Leadership and Management Structure**

The Southwest Alabama Foundation for Mental Health and Mental Retardation ("Foundation") will serve as the organization that will be legally and financially responsible for the participating mental health agencies and other non-profit organizations included as participants in the project.

Executive Directors at each of the participating four mental health agencies will serve as authorized agents of their respective Board of Directors to oversee all aspects of project implementation.

Major responsibilities include:

- Establishing a legal partnership establishing Southwest Alabama Foundation as the lead agent in the project.
- Following established FCC and USAC Rural Health Care Guidelines for securing Telecommunication and Internet services included in the project design.
- Working with selected service provider(s) to establish a time frame for installation and upstart of all approved services.

- Coordinating necessary training to implement Telemedicine Goals/Objectives.
- Budgeting and ensuring payment for approved services.
- Serving as the Project's Executive Leadership Team to ensure that goals/objectives of the project are completed in an effective and timely manner.
- Coordinating the sharing of available mental health and other health personnel to provide the most effective treatment services for clients.
- Coordinating professional development services for health workers.
- Periodically reporting project progress to their Board of Directors.

The participating agency directors have established a quarterly meeting schedule to review progress and implementation to meet the goals and objectives of the project.

**b. Project Plan and Schedule**

The Southwest Alabama Mental Health Consortium intends to proceed with a project plan as outlined below; specific dates are not included at this time. The Form 465, RFP and other required documents were posted for review to the USAC SharePoint site 7/20/2009. The timeline below is updated to reflect events during this quarter.

1) Draft RFP review complete with all participants. Sites have been designated by priority for completion. -Complete
2) RFP review by USAC-Complete
3) Finalize RFP pending USAC review completion.-Complete
4) Release RFP. – RFP released August 5, 2009
5) Site Surveys conducted for all sites from August 31, 2009 through September 11, 2009.
6) RFP deadline 10:00 am, October 5, 2009.
7) Contract signed December 30, 2009
8) FCC Form 466-A submittal has been completed.
9) Estimate 30 days from approved Funding Commitment Decision Letter to start construction.
10) FCL received May 20, 2010.
11) Form 467 posted June 21, 2010.
12) Construction of the network started during the July 30, 2010 reporting period.
13) Network construction completed and all eligible and ineligible sites are operational as of August 15, 2010.

**9. Network Self Sustaining**

Each agency, their Director and Board of Directors has made a commitment to budget resources to continue this valuable project beyond the funding period. By letter of agency signed and on file with USAC the agency members are committed to completion and sustainability of the network. Additional

grants have and will be sought for improving and expanding Telemedicine/Distance Learning capabilities to connect with schools, hospitals and psychiatrists to provide onsite professional development, mental health educational services for students as well as face-to face psychiatric services for patients. Each agency will continue to take advantage of the Rural Health Care Program beyond the Pilot Program by filing for assistance annually to support funding a portion of the project under the FCC guidelines.

The Foundation and its members intend to apportion the costs on a site by site basis. Each member will pay their 15% contribution based on the cost of each of the sites operated by the member. Contributions by each member will be from State of Alabama contracted professional services funds; private insurance reimbursements; contributions from city and county government; and Medicare/Medicaid reimbursements as determined by each member. The non-eligible site included in the network will be paid by the member at 100% of the cost of the network to the site. The members intend to lease a fiber Wide Area Network, Internet, and associated managed services to enable communications between sites and distribute Internet, and associated services to the end user level of member facilities.

On November 3, 2008, the participants were awarded a USDA Distance Learning and Telemedicine grant that allowed each agency to purchase end-user equipment to further the goals and objectives of the pilot program funding. The total amount of the grant award was $409,078. In addition to this grant, the consortium has requested additional funding from the Alabama Department of Mental Health to assist with funding.

Prior to submission of the Pilot Funding application, the consortium worked with a consultant to provide a Return on Investment Evaluation of our proposal to determine feasibility of the project. The analysis provided a direct comparison between the current costs to support and maintain the current telephony equipment and data services and the cost associated with the implementation, support, and maintenance of the broadband data network and IP voice technology. The report indicated following implementation of the new technology, each agency would benefit from cost savings from their current systems. In addition to the savings that will be provided by these technology and system management improvements a more reliable and flexible network will be provided with improved performance, significantly higher available bandwidth and redundancy that does not exist in the systems currently deployed. With this analysis and additional review following receipt of the bid response the consortium believes that the costs savings from the deployment of the new network can be sustained from current funding sources and discounts applied for from the RHC Service Program.

Since receipt of the bid response the members have revaluated current costs and future technology requirements in relation to the sustainability of recurring costs beyond the Pilot funding. The members conclude:

- The consortium intends to participate in the existing RHC support program after the Pilot program ends and have estimated cost reimbursement of approximately 35%.

- Savings produced from reduced travel costs associated with clinical supervision, training, hospital evaluations we conservatively estimate at approximately 30% of travel budgets.

This savings will be produced by utilizing videoconferencing for telemedicine, staff meetings and clinical supervision.

- Savings will be produced by implementation of the IP voice technology, replacing telecom/data circuits and long distance and area calling charges. With the increased bandwidth, members will have the ability to effectively utilize the telemedicine equipment acquired through the RUS grant. For example members currently coordinate hospital discharge planning through phone calls, faxes or paper plans. With the telemedicine capability discharge planning for patients from inpatient psychiatric facilities can be provided face-to-face allowing for better coordination of after care services thus producing fewer readmissions to costly state or private psychiatric facilities.

- Each member agency has a need to implement an electronic health record, without the benefit of the new technology the ability to fully implement and utilize the functionality of the EHR would be severely compromised. We estimate costs savings and revenue enhancements in terms of increased staff productivity, reduced probability for audit exceptions for services not documented and the ability to effectively and efficiently provide care in our rural communities.

- With the new infrastructure in place we estimate the future recurring costs will be reduced with increased subscribers to the service provider's network.

In summary we believe the network to be sustainable with current resources and expect cost savings and revenue enhancements to provide member agencies the ability to redirect and supplement needed resources for patient care. Each agency has prepared a detailed budget showing sustainability of the network. Two of the agencies, Southwest and West show significant savings from implementing the network. East Central and South Central show a minimal increase in cost that will be sustained with general fund budgets of the two agencies. Below are the detailed budgets for each agency.

**Southwest MH/MR Board, Inc.**
**Monthly Budget**

| Location | Current Connection | Proposed Upgrade | Current Cost | USF Reimb | SWAMH Current Net Cost | Pilot Total | Pilot Share | SWAMH Share | Total After Pilot (see note 1) | USF (see note 2) | SWAMH Share |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1-1 SWAMH Administration (Data Center) | T1 | 100 Mb | 2107 | 0 | 2107 | 455.10 | 0 | 455 | 410 | 0 | 410 |
| 1-1 Internet Access | | | | | 0 | 62.00 | | 62 | 62 | 0 | 62 |
| 1-2 Monroe OP | DSL 1 Mb | 10 Mb | 145 | 0 | 145 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-2 Connectivity to Data Center | | | | | 0 | 454.15 | 386 | 68 | 409 | 123 | 286 |
| 1-2 Internet Access | | | | | 0 | 62.00 | 53 | 9 | 62 | 19 | 43 |
| 1-3 Escambia OP | DSL 3 Mb | 10 Mb | 200 | 0 | 200 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-3 Connectivity to Data Center | | | | | 0 | 454.15 | 386 | 68 | 409 | 123 | 286 |
| 1-3 Internet Access | | | | | 0 | 62.00 | 53 | 9 | 62 | 19 | 43 |
| 1-4 Clarke OP | DSL 512K | 10 Mb | 110 | 0 | 110 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-4 Connectivity to Data Center | | | | | 0 | 454.15 | 386 | 68 | 409 | 123 | 286 |
| 1-4 Internet Access | | | | | 0 | 62.00 | 53 | 9 | 62 | 19 | 43 |
| 1-5 Clarke | DSL 512K | 10 Mb | 110 | 0 | 110 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-5 Connectivity to Data Center | | | | | 0 | 454.15 | 386 | 68 | 409 | 123 | 286 |
| 1-5 Internet Access | | | | | 0 | 62.00 | 53 | 9 | 62 | 19 | 43 |
| 1-6 Conecuh OP | DSL 1.5 Mb | 10 Mb | 110 | 0 | 110 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-6 Connectivity to Data Center | | | | | 0 | 454.15 | 386 | 68 | 409 | 123 | 286 |
| 1-6 Internet Access | | | | | 0 | 62.00 | 53 | 9 | 62 | 19 | 43 |
| 1-8 Monroe MI/MR | DSL 1 Mb | 10 Mb | 145 | 0 | 145 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-8 Connectivity to Data Center | | | | | | 454.15 | 386 | 68 | 454 | 136 | 318 |
| 1-8 Internet Access | | | | | | 62.00 | 53 | 9 | 62 | 19 | 43 |
| **Total Monthly Costs** | | | 2927 | | | | | 2270 | | | 7890 |

| | |
|---|---|
| **Additional Costs** | |
| VoIP Service per month per location | 3150 |
| **Grand Total Costs** | **11040** |
| **Cost Savings** | |
| Savings from eliminated current costs | (2927) |
| Eliminated Telecom/Data Circuits | (2800) |
| Reduced Travel Costs estimated 30% | (3000) |
| Increased Staff Productivity with use of Electronic Health Record estimated at 3% Medicaid Revenue | (9392) |
| **Grand Total Savings** | (18119) |
| **Cost savings from sustaining network** | **-7079** |

Note 1: We anticipate a cost reduction of 10% as other subscribers are added to the service provider's network.

Note 2: We anticipate receiving 30% of the cost from the RHCP program after the Pilot funding ends.

**West Alabama MH Board Monthly Budget**

| Location | Current Connection | Proposed Upgrade | Current Cost | USF Reimb. | WAMHB Current Net Cost | Pilot Total | Pilot Share | WAMHB Share | Total After Pilot (see note 1) | USF (see note 2) | WAMHB Share |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 2-1 WAMHB Hale Outpatient | DSL 512k | 100 Mb | 780 | 0 | 780 | 3180 | 2703 | 477 | 2862 | 859 | 2003 |
| 1-1 Internet Access | | | 2326 | 0 | 2326 | 62 | 53 | 9 | 62 | 19 | 62 |
| 2-2 WAMHB Marengo Office | T3 | 10 Mb | 1992 | 0 | 1992 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-2 Internet Access | | | | | | 62 | 53 | 9 | 62 | 19 | 43 |
| 2-3 WAMHB Marengo Activity Center | DSL 512k | 10 Mb | 1240 | 0 | 1240 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-3 Internet Access | | | | | | 62 | 53 | 9 | 62 | 19 | 43 |
| 2-4 WAMHB Watkins Life Skills Center | DSL 512K | 10 Mb | 2609 | 0 | 2609 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-4 Internet Access | | | | | | 62 | 53 | 9 | 62 | 19 | 43 |
| 2-5 WAMHB Choctaw Office | DSL 512K | 10 Mb | 292 | 0 | 292 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 1-5 Internet Access | | | 2893 | 0 | 2893 | 62 | 53 | 9 | 62 | 19 | 43 |
| **Total Monthly Costs** | | | 12132 | | | | | 1382 | | | 5845 |

| | |
|---|---|
| **Additional Costs** | |
| VoIP Service per month per location | 2250 |
| **Grand Total Costs** | **8095** |
| **Cost Savings** | |
| Savings from eliminated current costs | -12132 |
| Eliminated Telecom/Data Circuits | (3886) |
| Reduced Travel Costs estimated 30% | (2651) |
| Increased Staff Productivity with use of Electronic Health Record estimated at 3% Medicaid Revenue | (10231) |
| **Grand Total Savings** | (28899) |
| **Cost savings from sustaining network** | **-20804** |

Note 1: We anticipate a cost reduction of 10% as other subscribers are added to the service provider's network.

Note 2: We anticipate receiving 30% of the cost from the RHCP program after the Pilot funding ends.

**South Central MH/MR Board, Inc.**
**Monthly Budget**

| Location | Current Connection | Proposed Upgrade | Current Cost | USF Reimb | SCAMHB Current Net Cost | Pilot Total | Pilot Share | SCAMHB Share | Total After Pilot (see note 1) | USF (see note 2) | SCAMHB Share |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 4-1 SCAMHB Outpatient/Admin | DSL 1 Mb | 100 Mb | 155 | 0 | 155 | 3180 | 2703 | 477 | 2862 | 859 | 2003 |
| 4-1 Internet Access | | | | | 0 | 62 | 53 | 62 | 62 | 19 | 62 |
| 4-2 SCAMHB Covington Satellite(see Note 3) | DSL 512K | 10 Mb | 111 | 0 | 111 | 1431 | 0 | 1431 | 1288 | 386 | 902 |
| 4-2 Internet Access | | | | | 0 | 62 | 0 | 62 | 62 | 19 | 43 |
| 4-3 SCAMHB Crenshaw Outpatient | DSL 512K | 10 Mb | 51 | 0 | 51 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 4-3 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 4-4 SCAMHB Butler Outpatient | DSL 512K | 10 Mb | 51 | 0 | 51 | 1643 | 1397 | 246 | 1479 | 444 | 1035 |
| 4-4 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 4-5 SCAMHB Butler MR Day Program | DSL 512K | 10 Mb | 51 | 0 | 51 | 1643 | 1397 | 246 | 1479 | 444 | 1035 |
| 4-5 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 4-6 SCAMHB Coffee Outpatient | DSL 512K | 10 Mb | 176 | 0 | 176 | 1643 | 1397 | 246 | 1479 | 444 | 1035 |
| 4-6 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 4-7 SCAMHB Coffee MR Day Program | DSL 512K | 10 Mb | 110 | 0 | 110 | 1643 | 1397 | 246 | 1479 | 444 | 1035 |
| 4-7 Internet Access | | | | | | 62 | 53 | 9 | 62 | 19 | 43 |
| **Total Monthly Costs** | | | 705 | | | | | 3279 | | | 8269 |

| | |
|---|---|
| **Additional Costs** | |
| VoIP Service per month per location | 3150 |
| **Grand Total Costs** | **11419** |
| **Cost Savings** | |
| Savings from eliminated current costs | (705) |
| Eliminated Telecom/Data Circuits | (2776) |
| Reduced Travel Costs estimated 30% | (1500) |
| Increased Staff Productivity with use of Electronic Health Record estimated at 3% | |
| Medicaid Revenue | (4991) |
| **Grand Total Savings** | (9972) |
| **Cost for sustaining the network. Cost will be paid from general fund budgets of agency.** | **1447** |

Note 1: We anticipate a cost reduction of 10% as other subscribers are added to the service provider's network.

Note 2: We anticipate receiving 30% of the cost from the RHCP program after the Pilot funding ends.

Note 3: Site is Ineligible for Pilot Funding

**East Central MH/MR Board, Inc.**
**Monthly Budget**

| Location | Current Connection | Proposed Upgrade | Current Cost | USF Reimb | ECMHMR Current Net Cost | Pilot Total | Pilot Share | ECMHMR Share | Total After Pilot (see note 1) | USF (see note 2) | ECMHMR Share |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 3-1 ECMHMR Admin/Outpatient | T1 512K/512K | 100 Mb | 728 | 0 | 728 | 3180 | 2703 | 477 | 429 | 129 | 301 |
| 3-1 Internet Access | | | | | 0 | 62 | 53 | 62 | 62 | 19 | 62 |
| 3-2 EMHMMR Pike Child Outpatient | Cable 5Mb/512K | 10 Mb | 82 | 0 | 82 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 3-2 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 3-3 ECMHMR MR Day Program | DSL 1.5Mb/512K | 10 Mb | 100 | 0 | 100 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 3-3 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 3-4 ECMHMR Bullock Outpatient | DSL 256K/256K | 10 Mb | 105 | 0 | 105 | 1855 | 1577 | 278 | 1670 | 501 | 1169 |
| 3-4 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 3-5 ECMHMR Bullock Spring Manor | | 10 Mb | 0 | 0 | 0 | 1856 | 1578 | 278 | 1670 | 501 | 1169 |
| 3-5 Internet Access | | | | | 0 | 62 | 53 | 9 | 62 | 19 | 43 |
| 3-6 ECMHMR Macon Outpatient | Cable 8Mb/2Mb | 10 Mb | 110 | 0 | 110 | 1431 | 1216 | 215 | 1288 | 386 | 902 |
| 3-6 Internet Access | | | | | | 62 | 53 | 9 | 62 | 19 | 43 |
| **Total Monthly Costs** | | | 1125 | | | | | 1786 | | | 5622 |

| | |
|---|---|
| **Additional Costs** | |
| VoIP Service per month per location | 2700 |
| **Grand Total Costs** | **8322** |
| **Cost Savings** | |
| Savings from eliminated current costs | (1125) |
| Eliminated Telecom/Data Circuits | 696 |
| Reduced Travel Costs estimated 30% | (1500) |
| Increased Staff Productivity with use of Electronic Health Record estimated at 3% Medicaid Revenue | (6316) |
| **Grand Total Savings** | **(8245)** |
| **Cost for sustaining network. Costs will be paid from agency general fund budget.** | **77** |

Note 1: We anticipate a cost reduction of 10% as other subscribers are added to the service provider's network.

Note 2: We anticipate receiving 30% of the cost from the RHCP program after the Pilot funding ends.

**10. Network- Advanced Telemedicine Benefits**

a. Goals and Objectives

i. Project mental health participant used the teleconferencing equipment four hours and fifty minutes to discuss programs and resources of each center. With the economy as unstable as it is and the funding dwindling and in jeopardy, agencies are looking for ways to share resources, run their programs more efficiently while continuing to meet the need of their consumers.

ii. Usage of the teleconferencing equipment continues to rise. Usage increased from 375 hours in the previous quarter to 434 hours for the reporting quarter. The largest increase in usage was found in the use of video conferencing to allow face-to-face interaction with the agency to improve quality of communications and share resources, connecting to external health care resources and accessing child psychiatrist at UAB Children's Hospital. Services were delivered to 739 individuals for a total of 278 hours of service. Agencies were able to utilize the video conferencing equipment to allow "face to face" interaction over the WAN between each facility within the agency.

iii. During the quarter agencies delivered services to ninety-five children using specialist physicians located in Birmingham and/or Tuscaloosa. Without this equipment these children may not have received the services or would have received services from a non-specialist. The families of the children served do not have the financial means to secure specialist services so far away.

iv. Movement to convert to an electronic medical record is underway. The equipment has allowed agencies to tap into much needed expert training on meeting the requirements of CMS for the electronic health record. Accessing valuable information regarding meaningful use requirements allows the agencies to move toward compliance which will hopefully translate into revenues for the agencies provided as incentive payments from CMS.

v. Our agencies were able to utilize the equipment to provide education opportunities for eight staff during this period. Our four agencies cover a significant amount of square miles. One Hundred and seventy staff used the equipment to conduct staff meetings via telecommunications. Not only did this usage allow the agencies to gain education that perhaps would not have been available without the equipment, it also allowed the agencies to increase productivity and decrease expense by curtailing the need to travel to an educational event and/or staff meeting with mileage reimbursement.

vi. The security of the WAN allows centers to safety share electronic medical record information. Centers were able to utilize the equipment for this purpose on eight different occasions totaling two and one-half hours of usage.

b. Benefits of Telemedicine

Finding a psychiatrist to work in rural Alabama is very difficult. With the availability of the network and video conferencing equipment we have been able to provide psychiatric services to clients in rural Alabama 739 times during the quarter.

c. Medical Specialist Access

Most psychiatrists prefer not to work with children unless they have selected this as their area of specialty. Child and Adolescent Psychiatrists are in short supply across the nation. Utilizing these specialists in rural Alabama would be impossible without the use of the WAN and video conferencing equipment. For this quarter we were able to provide 232 children over 75 hours of treatment by a psychiatrist specializing in children and adolescents.

d. Access to Professionals

With Health Care Reform still very much an unknown, member agencies are able to utilize the video conferencing equipment to access trainings provided by national experts. Community mental health centers are expecting dramatic changes in their funding under the Affordable Care Act changing the way our agencies do business. Using the equipment to learn the intricate details of Health Care Reform allows us to position ourselves to embrace these changes.

e. Monitor Patients, Continuing Education, Response to National Disaster

Our four agencies cover sixteen counties with many different locations. The equipment allows staff to stay in touch with clients in all county locations. Psychiatrists in Tuscaloosa were able to check in with clients in rural settings. We were also able to use the equipment to follow clients that were in a state inpatient facility without traveling to the hospital. The Alabama Department of Mental Health and community mental health centers are participating in a joint project to reduce the census at the state inpatient facilities by moving targeted patients into the community. Agencies are utilizing this equipment to communicate with the patients at the hospital and hospital staff to aid in this endeavor. In April, Alabama was hit with a series of tornadoes. While the most affected area of Alabama was not in our immediate area, we were able to place our resources at the disposal of sister agencies and disaster relief officials.

**11. Compliance with HHS Health IT Initiatives**

a. Each participating agency in the network utilizes Netsmart's CMHC/MIS product described below:

Netsmart's CMHC Software Suite for UNIX includes the **CMHC/MIS** (for financial management), **Front Desk *plus*** (scheduling), and **eCET®** (clinical records), as well as imaging software for records management and remote data access.

This fully-integrated suite is highly flexible, allowing agencies to **customize the software to fit their organizational requirements**. These modifications make it a fully-stocked toolbox for those agencies looking for a behavioral health management system that can evolve to meet specific standards and practices.

The CMHC Software Suite is a full-featured UNIX-based application that provides a comprehensive set of applications and modules that are instrumental in the delivery of behavioral healthcare, public healthcare and substance abuse treatment. Tools (such as, Front Desk *plus*, *e*CET and others) are designed to meet the changing and challenging demands faced across today's industry.

The true strength of CMHC/MIS comes from its integration. Once information is entered into the system, it becomes available to each facet of the system in real-time.

Clinicians, A/R staff, managers and each authorized individual, all have immediate and secure access to the records and data. They can then utilize this knowledge to base decisions and direct care, leading to increased efficiency and performance.

The CMHC Software Suite is simply one of the most powerful tools in the industry for maintaining an agency's financial records. It is fully integrated with all the tools necessary for business to be conducted in accordance with current accounting principles and practices. It responds quickly and accurately to audit demands, and complies with industry standards. And Netsmart Technologies was the first software provider in the industry to have eight HIPAA transaction code sets approved, including the 837 billing claim files.

Each agency submits standard electronic 837 billing files to Medicaid, Medicare and Blue Cross/Blue Shield for claims processing and utilizes Medicaid's web portal, www.medicaid.alabamaservices.org/ALPortal, and Blue Cross/Blue Shield's web portal, www.bcbsal.org for claims processing and eligibility verification.

b. **10/12/2010 - (Great River, NY)** Netsmart Technologies, Inc., a leading provider of software and services for health and human services organizations, today announced that its Avatar™ 2011 electronic health record (EHR) software successfully completed 31 of the 45 ARRA certification tests earning a Certificate of EHR Compliance for 29 modules. Behavioral healthcare providers must use a fully ARRA-certified EHR to qualify for Medicaid and Medicare incentive payments for the "meaningful use" of EHR technology.

Netsmart is targeting December 2010 for successful completion of the remaining ARRA tests for Avatar 2011. Unlike preliminary certification, the Certificate of EHR Compliance level of certification assures that behavioral health provider organizations are using software that helps make them eligible for ARRA funding incentives based on the Final Rule issued July 13, 2010, by the Centers for Medicare & Medicaid Services (CMS).

Testing was conducted under Drummond Group's Electronic Health Records ONC-ATCB program. Drummond Group, Inc., is an Authorized Testing and Certification Body (ONC-ATCB) named by the Office of the National Coordinator to provide meaningful use certification for EHR systems and applications.

The successful tests for Avatar 2011 included passage of nine required security-related modules and other tests in such areas as computerized provider order entry, clinical decision support, medication management, Health Information Exchange (HIE) encryption, providing consumers timely access to information, and capturing vital signs and Body Mass Index (BMI) data.

In addition to Avatar 2011 certification, Netsmart is seeking full certification for its CMHC/MIS behavioral health and Insight public health software products. These three enterprise software products, in conjunction with Netsmart's order entry, e-prescribing, consumer Web portal and health information exchange (HIE)

interoperability technology, will help behavioral and public health provider organizations take advantage of the significant funding provided for the Meaningful Use of EHRs.

c. No activity coordinating with organizations performing NHIN trial implementations.

d. The agencies are currently involved in implementation of their electronic health records and e-prescribing systems. As the process moves through the implementation process the consortium will utilize the resources available from the Agency for Healthcare Research and Quality (AHRQ) National Resource Center for Health Information Technology to assist in insuring best practices are utilized in the implementation and use of the electronic records.

e. No activity to date.

f. No activity to date.

**12. Coordination with Health and Human Services (HHS) and Center for Disease Control and Prevention (CDC)**

No activity to date.

Candace Harden
Executive Director
Southwest Alabama Mental Health

**Attachment 1**

| Date | Amount of Time | Use of WAN/Video Conferencing** | Goal | Number of Participants | Agencies/ |
|---|---|---|---|---|---|
| 4/5/11 | 6 | Electronically share confidential client records and information | 3 | 3 | WAMHC |
| 5/13/11 | 15 | Collaboration between project mental health participants | 1 | 2 | |
| 2/17/2011 | 45 | Collaboration between project mental health participants | 1 | 2 | |
| 2/24/2011 | 60 | Collaboration between project mental health participants | 1 | 3 | Colla |
| 2/25/2011 | 120 | Collaboration between project mental health participants | 1 | 2 | |
| 2/27/2011 | 30 | Collaboration between project mental health participants | 1 | 2 | |
| 1/4/2011 | 120 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 1/25/2011 | 480 | Provide access to mental health, pediatric, and health care resources | 1 | | |
| 1/26/2011 | 120 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 1/26/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 1/26/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 1/31/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |
| 1/31/2011 | 90 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 2/2/2011 | 120 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 2/2/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 2/2/2011 | 90 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 2/21/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |
| 2/21/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 3/23/2011 | 420 | Provide access to mental health, pediatric, and health care resources | 1 | 30 | |
| 4/13/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |
| 4/18/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |

| | | | | | |
|---|---|---|---|---|---|
| 4/27/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |
| 5/18/2011 | 120 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |
| 6/8/2011 | 60 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 6/10/2011 | 30 | Provide access to mental health, pediatric, and health care resources | 1 | 2 | |
| 6/27/2011 | 120 | Provide access to mental health, pediatric, and health care resources | 1 | 1 | |
| 6/29/2011 | 90 | Provide access to mental health, pediatric, and health care resources | 1 | 3 | |
| 4/29/11 | 80 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 5/26/11 | 105 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 6/22/11 | 86 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 6/28/11 | 79 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 4/1/11 | 180 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 4/29/11 | 180 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 4/29/11 | 90 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 5/26/11 | 120 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 5/27/11 | 60 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 5/27/11 | 270 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 6/28/11 | 83 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 4/1/11 | 180 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 7 | Diane, D |
| 4/6/11 | 120 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 3 | D |
| 4/29/11 | 80 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 4 | Diane, |
| 4/29/11 | 90 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 3 | Di |
| 4/29/11 | 60 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | |
| 5/26/11 | 130 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | |

| | | | | | |
|---|---|---|---|---|---|
| 5/27/11 | 255 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | |
| 5/27/11 | 60 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 6/16/11 | 330 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 5 | Diane, Jo |
| 6/22/11 | 90 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 7 | Jessica Mc |
| 4/29/11 | 80 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 5/26/11 | 105 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 6/22/11 | 80 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 6/25/11 | 80 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 1 | |
| 1/21/2011 | 60 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | |
| 1/21/2011 | 120 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 4 | |
| 1/21/2011 | | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 4 | |
| 1/21/2011 | 5 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | Colla |
| 1/21/2011 | 120 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 4 | |
| 1/21/2011 | 60 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 6 | |
| 1/24/2011 | 5 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | Colla |
| 2/22/2011 | 480 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 27 | |
| 2/25/2011 | 120 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 7 | |
| 4/27/11 | 10 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | |
| 6/28/11 | 30 | Use video conferencing to allow face-to-face interaction **within agency to improve quality of communications and share resources** | 1 | 2 | |
| 4/5/11 | 45 | Connect to external health care resources | 1 | 1 | |
| 4/6/11 | 505 | Connect to external health care resources | 1 | 1 | |
| 4/7/11 | 20 | Connect to external health care resources | 1 | 1 | |

| | | | | | |
|---|---|---|---|---|---|
| 4/13/11 | 555 | Connect to external health care resources | 1 | 1 | |
| 4/20/11 | 475 | Connect to external health care resources | 1 | 1 | |
| 4/25/11 | 525 | Connect to external health care resources | 1 | 1 | |
| 4/26/11 | 20 | Connect to external health care resources | 1 | 1 | |
| 5/18/11 | 490 | Connect to external health care resources | 1 | 1 | |
| 6/15/11 | 495 | Connect to external health care resources | 1 | 1 | |
| 4/6/11 | 440 | Connect to external health care resources | 1 | 24 | consur |
| 4/12/11 | 75 | Connect to external health care resources | 1 | 3 | con |
| 4/13/11 | 495 | Connect to external health care resources | 1 | 32 | consur |
| 4/20/11 | 465 | Connect to external health care resources | 1 | | consur |
| 5/18/11 | 480 | Connect to external health care resources | 1 | 23 | cor |
| 6/15/11 | 425 | Connect to external health care resources | 1 | 25 | cor |
| 4/5/11 | 420 | Connect to external health care resources | 1 | 31 | MELINDA, |
| 4/25/11 | 510 | Connect to external health care resources | 1 | 20 | ME |
| 1/7/2011 | 120 | Connect to external health care resources | 1 | 6 | |
| 1/12/2011 | 240 | Connect to external health care resources | 1 | | |
| 1/24/2011 | 420 | Connect to external health care resources | 1 | 2 | |
| 1/25/2011 | 480 | Connect to external health care resources | 1 | 25 | |
| 2/28/2011 | 420 | Connect to external health care resources | 1 | 2 | |
| 3/22/2011 | 480 | Connect to external health care resources | 1 | 25 | |
| 3/28/2011 | 480 | Connect to external health care resources | 1 | 10 | |
| 4/19/2011 | 420 | Connect to external health care resources | 1 | 18 | |
| 5/2/2011 | 420 | Connect to external health care resources | 1 | 13 | |
| 5/13/2011 | 480 | Connect to external health care resources | 1 | 20 | |
| 5/19/2011 | 480 | Connect to external health care resources | 1 | 16 | |
| 6/22/2011 | 480 | Connect to external health care resources | 1 | 24 | |
| 6/28/2011 | 480 | Connect to external health care resources | 1 | 25 | |

| | | | | | |
|---|---|---|---|---|---|
| 4/13/11 | 90 | Share treatment resources between mental health agencies to improve quality of client care | 1 | 1 | |
| 1/13/2011 | 120 | Share treatment resources between mental health agencies to improve quality of client care | 1 | 6 centers | Colla |
| 1/20/2011 | 30 | Share treatment resources between mental health agencies to improve quality of client care | 1 | 2 | |
| 4/27/11 | 320 | Share psychiatric services among member agencies | 2 | 50 | Phy |
| 5/4/11 | 300 | Share psychiatric services among member agencies | 2 | 42 | Phy |
| 5/25/11 | 315 | Share psychiatric services among member agencies | 2 | 50 | Phy |
| 6/22/11 | 330 | Share psychiatric services among member agencies | 2 | 48 | Phy |
| 6/29/11 | 345 | Share psychiatric services among member agencies | 2 | 41 | Phy |
| 4/8/11 | 90 | Access child psychiatrist at UAB Children's Hospital | 2 | 6 | WAMHC-C Dr Of |
| 4/8/11 | 150 | Access child psychiatrist at UAB Children's Hospital | 2 | 6 | WAMHC-C D |
| 4/13/11 | 150 | Access child psychiatrist at UAB Children's Hospital | 2 | 6 | WAMHC-C |
| 4/13/11 | 420 | Access child psychiatrist at UAB Children's Hospital | 2 | 20 | WAMHC-L |
| 4/15/11 | 180 | Access child psychiatrist at UAB Children's Hospital | 2 | 7 | WAMHC-L Dr |
| 4/20/11 | 315 | Access child psychiatrist at UAB Children's Hospital | 2 | 22 | WAMHC-L M |
| 4/22/11 | 150 | Access child psychiatrist at UAB Children's Hospital | 2 | 4 | WAMHC-S D |
| 4/22/11 | 150 | Access child psychiatrist at UAB Children's Hospital | 2 | 4 | WAMHC-L |
| 4/27/11 | 90 | Access child psychiatrist at UAB Children's Hospital | 2 | 4 | WAMHC-L Dr |
| 4/29/11 | 180 | Access child psychiatrist at UAB Children's Hospital | 2 | 7 | WAMHC-H Offic |
| 5/6/11 | 150 | Access child psychiatrist at UAB Children's Hospital | 2 | 7 | WAMHC- M |
| 5/9/11 | 240 | Access child psychiatrist at UAB Children's Hospital | 2 | 18 | WA Consum |
| 5/11/11 | 390 | Access child psychiatrist at UAB Children's Hospital | 2 | 25 | WA Consum |
| 5/13/11 | 405 | Access child psychiatrist at UAB Children's Hospital | 2 | 21 | WA Consum |
| 5/16/11 | 420 | Access child psychiatrist at UAB Children's Hospital | 2 | 24 | WA Consum |

| | | | | | |
|---|---|---|---|---|---|
| 5/18/11 | 195 | Access child psychiatrist at UAB Children's Hospital | 2 | 14 | WA Consum |
| 5/18/11 | 180 | Access child psychiatrist at UAB Children's Hospital | 2 | 7 | WAMHC-S D |
| 5/20/11 | 55 | Access child psychiatrist at UAB Children's Hospital | 2 | 7 | WAMHC-G D |
| 6/10/11 | 180 | Access child psychiatrist at UAB Children's Hospital | 2 | 6 | WAMH Samya/WA |
| 6/15/11 | 180 | Access child psychiatrist at UAB Children's Hospital | 2 | 6 | WAMH Samya/WA |
| 6/15/11 | 180 | Access child psychiatrist at UAB Children's Hospital | 2 | 4 | WAMHC-G D |
| 6/17/11 | 60 | Access child psychiatrist at UAB Children's Hospital | 2 | 4 | WAMH Samya/WA |
| 6/20/11 | 30 | Access child psychiatrist at UAB Children's Hospital | 2 | 3 | WAM Samya/WA |
| 4/18/11 | 35 | Electronically share confidential client records and information | 3 | 2 | WAMHC |
| 5/25/11 | 75 | Electronically share confidential client records and information | 3 | 1 | |
| 6/29/11 | 20 | Electronically share confidential client records and information | 3 | 2 | |
| 4/7/11 | 90 | Development of electronic medical record | 3 | 2 | |
| 4/13/11 | 70 | Development of electronic medical record | 3 | 3 | Jes |
| 6/27/11 | 180 | Development of electronic medical record | 3 | 5 | Dr. Serrave |
| 6/29/11 | 120 | Development of electronic medical record | 3 | 2 | D |
| 7/1/11 | 120 | Development of electronic medical record | 3 | 2 | |
| 6/10/11 | 210 | Professional Development to health workers | 4 | 9 | Kathy J. Diane, Sh |
| 4/26/11 | 60 | Professional Development to health workers | 4 | 4 | Diane |